## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	176/60813 (6-11400-728)							
First Inventor	Kende et al.							
Title IMMUNOO GRAM-NE ANTOIND	GENIC CONJUGATES OF GATIVE BACTERIAL UCER MOLECULES AND IES RAISED AGAINST THE							

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						ss Mail Label No.	84956870US					
APPLICATION ELEMENTS						Mail Stop Patent Application						
See MPEP chapter 600 concerning utility patent application contents.					ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450							
1. E Fee Transmittal Form (e.g., PTO/SB/17)						7. CD-ROM						
23	(Submit an original	and a duplicate for fee p	•			Program (Ap						
2. Applicant claims small entity status.						8. Nucleotide an	d/or Amino A	cid Seq	uence Submission			
	See 37 CFR 1.					(if applicable, all necessary)						
3. <b>×</b>	Specification	[Total P ent set forth below)	ages 50]			a. Computer Readable Form (CRF)						
		e title of the invent	ion			b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies; or						
		rence to Related A				i. ☐ CD-ROM or CD-R (2 copies; or ii. ☐ paper						
		Regarding Fed spo		if applicable)				identity	of above copies			
		to sequence listing iter program listing		onlicable)	Г				ATION PARTS			
		d of the Invention	s appendix (y ap	,p.i.cuo.c,	F	ACCOM	IAITINGA	I I LIC	ATIONTARIS			
		mary of the Invent				9. Assignm	nent Papers (co	over she	et & document(s))			
	<ul> <li>Brief Desc</li> <li>Detailed D</li> </ul>	ription of the Drav	vings (if filed)			10. 🗖 37 CFR	` '		☐ Power of			
	- Claim(s)	escription					ere is an assig		Attorney			
		f the Disclosure			- 1	11. English						
4. 🗷	Drawing(s) (3.5	U.S.C. 113)	[ Total Sheets 3	3)		12. Informat	nt (IDS)/PTO-		☐ Copies of IDS Citations			
	h or Declaration		[ Total Pages L	<b>7</b>	1	13. E Prelimin	` '		Citations			
		cuted (original or o	сору)		1	14. E Return Receipt Postcard (MPEP 503)						
b.	☐ Unsigned				1	(Should be specifically itemized)						
C.		a prior application				15.  Certified Copy of Priority Document(s)						
	<u> </u>	uation/divisional w		ріегеа)	1	(if foreign priority is claimed)						
i. U <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s)						16. Nonpublication request under 35 U.S.C.						
		in the prior applic				122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
1.63(d)(2) and 1.33(b)						17. □ Other:						
		ta Sheet. See 37 C										
				riate box, and su	apply th	e requisite inform	ation below a	nd in a	preliminary amendment,			
_		nta Sheet under 37	_				10/13	. 207				
☐ Continuation ☑ Divisional ☐ Continuation-in-part (CIP)						of prior application No.: 10/121,207						
Prior	application inform	nation:	Examiner	<del></del>		Group / Art U	Jnit:					
Box 5b,	is considered a p		of the accompan	ying continuation	ı or divi	sional application a	nd is hereby in	corpora	aration is supplied under ted by reference. The			
<u>-</u>		-	19. C	ORRESPOND	ENCE	ADDRESS						
☐ Customer Number or Bar Code Label					or 🗷 Correspondence address below							
Name		Edwin V. Merke		2222		2000 11 00 00 1 I						
		Nixon Peabody I										
Address	i.	Clinton Square, I	U. BOX 31051						_			
City						Zip Code 14603-1051						
					585) 26	3-1128	Fax		(585) 263-1600			
Name (	Print/Type)	Edwin V. Me	rkel	Registration	n No.:	40,087						
Signature							Date	Fel	prvary 5, 2804			
		-						<u> </u>				

## FEE TRANSMITTAL • FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)385

	Complete if Known	
Application Number	Divisional of 10/121,207	
Filing Date	Herewith	
First Named Inventor	Kende et al.	
Examiner Name	To be Assigned	
Art Unit	To be Assigned	
Attorney Docket No.	176/60813 (6-11400-728)	

Create   C	METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)							
Deposit Account   14-1138					3. A	3. ADDITIONAL FEES								
Account   14-1138					Large Entity   Small Entity									
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Charge any additional feets   100				i <del>co</del>		1805	1,840*	1805	1,840*		publication of S	IR after Examiner		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE    Extra Claims   Total Claims   Tota			SUBT	OTAL (1) (\$) 385		1460	130	1460	130	Petitions to	the Commission			
Total Claims   10   -20** =   0   X   =   0   1809   770   2809   385   Filing a submission after final rejection (RCE)   1810   770   2810   385   For each additional invention to be examined (ACE)   1810   770   2810   385   Request for continued Examination (RCE)   1802   900   1802   900   Request for expedited examination (RCE)   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   900   1802   900   Request for expedited examination of a design application   1802   900   1802   9						1807	50	1807	50	Processing	essing fee under 37 CFR 1.17(q)			
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Fee	Large Entity	Small	Entity			1802	900	1802	900	Request fo	r expedited exam	ination of a design		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 ** Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent 1206 SUBTOTAL (2) (5) 0  **Freissue claims in excess of 20 and over original patent SUBTOTAL (2) (5) 0  **Freissue claims in excess of 20 and over original patent SUBTOTAL (2) (5) 0  **Freissue claims in excess of 20 and over original patent SUBTOTAL (2) (5) 0  Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  Trademark Office at (703)  Date  SUBMITTED BY  Complete (if applicable)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Connected (specify)  *Reduced by Basic Filing Fee Paid  SUBTOTAL (3) (5)  CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  Trademark Office at (703)  Date  Signature  Typed or printed name	Fee Fee	Fee	Fee	Fee Description										
1201 86   2201 43   Independent claims in excess of 3     1203 290   2203 145   Multiple dependent claims over original patent     1204 86   2204 43   ** Reissue independent claims over original patent     1205 18   2205 9   ** Reissue claims in excess of 20 and over original patent     ** For number previously paid, if greater; For Reissues, see above	, ,					Other	fee (speci	fy)					L	
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (S)  1203 290 2203 145 Multiple dependent claim, if not paid  1204 86 2204 43 **Reissue independent claims over original patent  1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (S) 0  **Or number previously paid, if greater; For Reissues, see above  **Typed or printed name  *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (S)  CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  1 hereby certify that this correspondence is being:  deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop  Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  Trademark Office at (703)  Date  SUBMITTED BY  Complete (if applicable)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone  (585) 263-1128														
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original patent  ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (5) 0  ** or number previously paid, if greater; For Reissues, see above  ** Typed or printed name  SUBMITTED BY  CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  I hereby certify that this correspondence is being:  deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop	1203 290	2203	145	Multiple dependent cla	im, if not paid		,							
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (5) 0  ***or number previously paid, if greater; For Reissues, see above  **Trademark Office at (703)  Date  SUBMITTED BY  Complete (if applicable)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Thereby certify that this correspondence is being:  deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  Trademark Office at (703)  Date  Signature  Typed or printed name  Complete (if applicable)  Name (Print/Type)  Registration No. (Attorney/Agent)  Telephone (585) 263-1128	1204 86	2204	43		t claims over	CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]								
SUBTOTAL (2) (5) 0  ***or number previously paid, if greater; For Reissues, see above  **Trademark Office at (703)  Date  SUBMITTED BY  SUBMITTED BY  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Postage as first class mail in an envelope addressed to: Mail Stop, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)  Typed or printed name  Complete (if applicable)  Registration No. (Attorney/Agent)  Telephone (585) 263-1128	1205 18	2205	9	** Reissue claims in ex	cess of 20 and	I hereb	y certify	that this	correspond	lence is being	<b>g:</b>			
**or number previously paid, if greater; For Reissues, see above    Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450				• • —									ith sufficient	
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SUBMITTED BY  Name (Print/Type)  Edwin V. Merkel  (Attorney/Agent)  Registration No. (Attorney/Agent)  (585) 263-1128											·			
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SUBMITTED BY  Name (Print/Type)  Edwin V. Merkel  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  (585) 263-1128							Dat	.c				oignature	·	
Name (Print/Type) Edwin V. Merkel Registration No. (Attorney/Agent) 40,087 Telephone (585) 263-1128								_			Typed	or printed name		
Name (Print/Type) Edwin V. Merkel Registration No. (Attorney/Agent) 40,087 Telephone (585) 263-1128	SUBMITTED BY										Complete (if a	applicable)		
(Attorney/Agent) Telephone	Edwin V Merkel					Registration No. 40 087 (585) 263-1128				3				
Signature Windertel Date tebruary 5, 2004	Name (Frinitrype)					(Attorney/Agent)								
	Signature Zumlentel										Date	rebruary	5, 2004	

## **EXPRESS MAIL CERTIFICATE**

DOCKET NO .:

176/60813 (6-11400-728)

**APPLICANTS:** 

Andrew S. Kende, Barbara H. Iglewski, Roger Smith,

Richard P. Phipps, and James P. Pearson

TITLE:

IMMUNOGENIC CONJUGATES OF GRAM-NEGATIVE

BACTERIAL ANTOINDUCER MOLECULES AND

ANTIBODIES RAISED AGAINST THE SAME

Certificate is attached to the Utility Patent Application Transmittal Letter (1 page) (in duplicate) and Fee Transmittal (1 page) (in duplicate) of the above-named application.

EXPRESS MAIL NUMBER:

**EL984956870US** 

DATE OF DEPOSIT:

**February 5, 2004** 

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Shawn A. Lockett

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

## **EXPRESS MAIL CERTIFICATE**

DOCKET NO.:

176/60813 (6-11400-728)

**APPLICANTS:** 

Andrew S. Kende, Barbara H. Iglewski, Roger Smith,

Richard P. Phipps, and James P. Pearson

TITLE:

IMMUNOGENIC CONJUGATES OF GRAM-NEGATIVE

BACTERIAL ANTOINDUCER MOLECULES AND ANTIBODIES RAISED AGAINST THE SAME

Certificate is attached to the **Patent Application including specification**, claims and abstract (50 pages) as filed in the prior application of the above-named application.

EXPRESS MAIL NUMBER:

EL984956870US

DATE OF DEPOSIT:

**February 5, 2004** 

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Shawn A. Lockett

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